	Name:		
Your	Addres	SS:	
Your	City, S	tate, Zip Code:	
Your Attor	rielepn mev Ba	one Number: r Number (if applicable):	
Repr	esentin	g Self or Attorney for	
-			
		001 =0	COPA COUNTY
In the Matter of (check one or both)		of (check one or both)	Case Number: PB
			PROOF OF NOTICE OF HEARING
A De	ceased	Person	
		ARIZONA) aricopa) ss.	
I st 1.	DO(court 1 2	document you provided. Be sure yo	led copies of the following court documents. List specifically each ou provided and you list the NOTICE OF HEARING:
	3 4		
	5		
	J		
2.	listed the c	I in Number 1 above. State the relation opies to. (Use extra paper if necession Name:	e are the people to whom I gave copies of all the documents onship between the person who died and the person you gave ary.)
2.	listed the c A. B.	I in Number 1 above. State the relation opies to. (Use extra paper if necession Name: Relationship to person:	e are the people to whom I gave copies of all the documents onship between the person who died and the person you gave ary.)
2.	listed the c	In Number 1 above. State the relation opies to. (Use extra paper if necession Name: Relationship to person: Date I gave the documents: How I gave the documents chect personal service (File aff 1st class mail, postage posteried mail Registered mail (attach general service)	e are the people to whom I gave copies of all the documents onship between the person who died and the person you gave ary.) k at least one box and complete the information: idavit of acceptance or of process server or sheriff) repaid
2.	listed the control of	In Number 1 above. State the relation opies to. (Use extra paper if necession Name: Relationship to person: Date I gave the documents: How I gave the documents chect Personal service (File aff 1st class mail, postage portified mail Registered mail (attach gold Hand delivery by (name)	e are the people to whom I gave copies of all the documents onship between the person who died and the person you gave ary.) ck at least one box and complete the information: idavit of acceptance or of process server or sheriff) repaid treen card to this paper)
2.	listed the c A. B. C. D.	In Number 1 above. State the relation opies to. (Use extra paper if necession Name: Relationship to person: Date I gave the documents: How I gave the documents chect Personal service (File aff 1st class mail, postage portified mail Registered mail (attach gold Hand delivery by (name)	e are the people to whom I gave copies of all the documents onship between the person who died and the person you gave ary.) ek at least one box and complete the information: idavit of acceptance or of process server or sheriff) repaid green card to this paper)

FOR CLERK'S USE ONLY

A. B. C. D.	Relationship to person: Date I gave the documents: How I gave the documents check at lea Personal service (File affidavit of 1st class mail, postage prepaid) Certified mail Registered mail (attach green case)	st one box and complete the information: acceptance or of process server or sheriff)
A. B. C. D.	How I gave the documents: How I gave the documents check at lea Personal service (File affidavit o 1st class mail, postage prepaid Certified mail Registered mail (attach green ca	st one box and complete the information: acceptance or of process server or sheriff)
	Petitioner's Sigr	ature:
SUBSCRIBEI	ED AND SWORN to before me this date:	by Month/Day/Year)
My Commissi	sion Expires: Notary Public:_	

Case No.____